

EXHIBIT 16

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000094979**

1. Entity Name
ASB SECURITIES, INC.

Principal Place of Business
**701 BRICKELL AVE., SUITE 3000
 MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE., SUITE 3000
 MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

INTRASTATE REGISTERED AGENT CORPORATION

**701 BRICKELL AVE., SUITE 3000
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D Delete
 NAME Munoz, Carlos
 STREET ADDRESS 701 Brickell Avenue, Ste. 3000
 CITY-ST-ZIP Miami, Florida 33131

TITLE D Change Addition
 NAME Maggiolo, Javier
 STREET ADDRESS 701 Brickell Avenue, Ste. 3000
 CITY-ST-ZIP Miami, Florida 33131

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90448 023 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

PUBLIC0692910

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000094979

1. Entity Name
CREDICORP SECURITIES, INC.Principal Place of Business
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131Mailing Address
701 BRICKELL AVE.. SUITE 3000
MIAMI FL 331312. Principal Place of Business
121 Alhambra Plaza3. Mailing Address
121 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

County

USA

Zip

33134

Country

USA

4. FEI Number

APPLIED FOR
Redacted 7925

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MUNOZ, CARLOS
STREET ADDRESS 701 BRICKELL AVE STE 3000
CITY-ST-ZIP MIAMI FL 33131 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP121 Alhambra Plaza; Suite 1200
Coral Gables, FL 33134 Change AdditionTITLE D
NAME MAGGIOLI, JAVIER
STREET ADDRESS 701 BRICKELL AVE STE 3000
CITY-ST-ZIP MIAMI FL 33131 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPGeneral Manager
121 Alhambra Plaza; Suite 1200
Coral Gables, FL 33134 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
Montero, Fernando
701 Brickell Ave., Ste. 3000
Miami, Fl 33131 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a notation of empowers.

SIGNATURE:

SIGNATURE:

Javier Maggioli 8-29-03 365-446-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

PUBLIC0692911

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094979

**FILED
May 26, 2004
Secretary of State**

Entity Name: CREDICORP SECURITIES, INC.

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: Redacted 7925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUÑOZ, CARLOS
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: GMGR () Delete
Name: MAGGIOLI, JAVIER
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MONTERO, FERNANDO
Address: 701 BRICKELL AVE., SUITE 3000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER MAGGIOLI

GM

05/26/2004

Electronic Signature of Signing Officer or Director

Date